

1000	PLAN MONITORING	Page
<u>1001</u>	Overview	1000-1
<u>1002</u>	Individual Service and Program Plan Reviews	1000-1
<u>1002.1</u>	Review Frequency	1000-1
<u>1002.2</u>	Review Location	1000-2
<u>1002.3</u>	Review Participants	1000-2
<u>1002.4</u>	Review Elements	1000-3
<u>1002.5</u>	Review Documentation	1000-4
<u>1003</u>	ALTCS Non-User Referrals	1000-5
<u>1004</u>	Mandatory Reporting of Abuse/Neglect	1000-5
<u>1005</u>	Quality Assurance Responsibilities	1000-6

1000 PLAN MONITORING

1001 Overview

This chapter provides information regarding monitoring requirements of ISPs. It also discusses the process to follow for ALTCS eligible individuals who are not utilizing ALTCS services, mandatory reporting of cases of suspected abuse and neglect (see also Chapter 2000), as well as quality assurance activities. Some services may have specific monitoring requirements which are detailed in Chapter 600. Certain programs, such as foster care, mental health or ventilator dependent, also have different monitoring requirements. These requirements are found in Chapter 1400 - Special Programs.

1002 Individual Support Plan Reviews

Support Coordinators are responsible for ongoing monitoring of the ISP for each individual on their caseload. The purpose of this review is to confirm the continued suitability and cost effectiveness of the ISP including placement in meeting the individual's needs.

A.R.S. §36-565 mandates six month evaluations of the individual's placement in services. A.A.C. R9-28-510(B)(6) states the Support Coordinator shall monitor receipt of services by the individual. 42 C.F.R. 483.440 also describes ISP review requirements for individuals residing in ICFs/MR. The ISP must be reviewed and revised as necessary, but at least every 180 days.

Specific review requirements differ according to the type of service and/or placement the individual is receiving. In all situations, the DES/DDD's Support Coordinator shall coordinate and document all aspects of each review.

1002.1 ISP Review Frequency

ALTCS Eligible Individuals

- a. individuals residing in Intermediate Care Facilities for the Cognitive Disability (ICFs/MR) and Nursing Facilities (NFs) shall, at a minimum, have ISP reviews at least every 6 months;

- b. individuals residing in group homes and adult developmental homes shall, at a minimum, have ISP reviews at least every 6 months, with the following exceptions:
 - 1. individuals who are medically involved shall have ISP reviews at least every 3 months; and
 - 2. individuals under the age of 12 shall have ISP reviews at least every 3 months;
- c. individuals residing in their own homes, family homes or foster care homes shall, at a minimum, have ISP reviews at least every 3 months;
- d. individuals who are dependent on a ventilator must have ISP reviews every month by the Support Coordination team (nurse and Support Coordinator). Further detail is provided in Chapter 1400.

DES/DDD Eligible Individuals

- a. all DES/DDD eligible individuals shall have, at a minimum, ISP reviews at least every six months.

1002.2 ISP Review Location

ISP reviews for all ALTCS eligible individuals shall include a Support Coordinator's home visit and may also include a review of each setting where the individual receives services. For ALTCS eligible individuals, receiving acute care only, a telephone call may substitute for the home visit, however, the phone call must be made within the required timeline and documented in the progress notes.

1002.3 ISP Review Participants

Review participants vary according to the individual's eligibility, placement and needs. All ISP reviews, at minimum, will include the Support Coordinator and the individual/responsible person. Other ISP team members as outlined in Section 804 may be in attendance as needed. Written or telephone input will be solicited in accordance with the individual's needs as outlined in the ISP.

1002.4 ISP Review Elements

The following procedures shall be followed whenever the Support Coordinator and the ISP Team review the individual's ISP or placement:

- a. review the individual's current placement and ISP to determine the type, recommended amount, received amount and cost of each service;
- b. Support Coordinators will be informed by Central Office staff of those individuals whose service costs exceed 80% of the cost of an ICF/MR. Support Coordinators will need to justify the costs and develop a plan to reduce costs over the next six (6) months. Additional information on cost effectiveness studies is found at Section 905 of this manual;
- c. review the data on objectives to assess the individual's progress toward established goals and objectives and identify any barriers to achievement of these goals;
- d. discuss with the individual/responsible person the services being provided, progress toward goals and objectives and any problems or service needs from the individual's point of view. Attempt to solve any complaints noted on an informal basis, and as quickly as possible;
- e. if necessary, contact the primary care physician (PCP) or other pertinent medical professionals to discuss any changes in the individual's condition. Determine whether any changes may be needed in the physician's orders relating to the level of care, ISP, medical services, pharmaceuticals or medical equipment items;
- f. if revisions to the current ISP or placement are necessary, discuss the changes and the rationale for the changes with the individual/responsible person. This is especially critical if the changes result in a reduction or termination of service. If there is to be a change, complete DD-224 (Appendix 800.I), Changes in ISP Outside Team Meeting and send it to the individual/responsible person for signature;

- g. if the individual/responsible person expresses dissatisfaction at the changes to be made and the Support Coordinator is unable to resolve the individual's concerns, advise the individual of the right to file a grievance and the process for doing so. See Chapter 2200 for additional information;
- h. insure third party liability information is current and correct (see Chapters 500 and 1200);
- i. insure the information contained in ASSISTS matches the information on the ISP including:
 - 1. demographic information;
 - 2. health plan and PCP information;
 - 3. provider information;
 - 4. service units and types; and
 - 5. service status, i.e., indirect.
- j. send a Member Change Form to the local ALTCS office if any demographic, financial or placement information changes; and
- k. if the individual's address has changed, the Support Coordinator must offer the opportunity for the individual to register to vote in accordance with Section 508 of this Manual.

1002.5 ISP Review Documentation

All ASSISTS requirements shall be met. Documentation of reviews shall include a discussion of all the review elements noted in Section 1002.4. The documentation should also include the level of satisfaction of the individual/responsible person and any other relevant information. If utilizing a review form, note in the progress notes that a form has been used to document the review and that the form can be found in the ISP section of the case record.

The dates noted in the review summary and ASSISTS must be the same as the date of the review with the individual/responsible person.

1003 ALTCS Non-User Referrals

It is critical that DES/DDD identify all non-users of ALTCS services and refer those individuals for redetermination of eligibility by AHCCCS. The following outlines the procedures to follow:

- a. review the ASSISTS generated report (identifies all individuals with no payment record for the preceding quarter) and review the individual's service needs to determine if they are being met;
- b. for individuals who have no ALTCS service needs, complete the following within 15 days of identification of the non-usage of services:
 1. notify the individual/responsible person about the referral process and their right to reapply for ALTCS (if and when such services are discontinued as a result of the referral process);
 2. obtain a written voluntary withdrawal (Form DE-130, Appendix 1000.A) if the individual/responsible person no longer wants ALTCS services and they freely wish to sign the DE-130. Forward the form to the local ALTCS office; or
 3. send a Member Change Report (Appendix 900.B) to the local ALTCS office for those persons not wishing to sign a DE-130 requesting a redetermination.

1004 Mandatory Reporting of Abuse/Neglect

If, during the course of a review or any other contact with the individual, the Support Coordinator identifies any instance of abuse or neglect, she/he is required, by law, to report this to a police officer or protective services worker. See Chapter 2000, Abuse and Neglect for the procedures to follow.

1005 Quality Assurance Responsibilities

Support Coordinators may become aware of quality assurance issues during the course of their work, e.g., residential licensing standards which are out of compliance, inappropriate implementation of individual programs, untimely medical check-ups, or unusual incidents not being reported. The Support Coordinator must verbally report problems to provider relations or quality assurance staff.